LEAD SAFETY for Remodeling, Repair and Painting

Paint Chip Sample Collection Form Client/Project Information

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Name of Owner/Project:			
Address:			
City:	_ State:	Zip code:	_ Contact # ()
Email:			
Renovation Information			
Fill out all of the following informa	ation that is ava	ilable about the Re	enovation Site, Firm and Certified
Renovation Address:			Unit #:
City:	State:	Zip cod	le:
Certified Firm Name:			
Address:			
City: State:	Zip	code:	Contact #: ()
Email:			
Certified Renovator Name:			·····
Date Certified/			
Paint Chip Sample Information			
For each sample collected, fill out	all of the follow	ving information	
Sample Identifier:			
Sample Collector Name:			
Sampling Location:			
Sampling site description:			Pate of Collection:/
Sample Dimensions (cm):		Calculate Sample	e Area (cm²) :
NLLAP-recognized entity and location	on:		
Submission date://	_ Results:		Result Date://

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Paint Chip Sample Collection Form

Renovation Address: _____ Unit #: _____ City: _____ State: ____ Zip code: _____ For each sample collected, fill out all of the following information Sample Identifier: Sample Collector Name: Sampling Location: _____ Sampling site description: ______ Date of Collection: ____/____ Sample Dimensions (cm): _____Calculate Sample Area (cm²):_____ NLLAP-recognized entity and location: Submission date: ___/___ Results: ____ Result Date: ___/___ For each sample collected, fill out all of the following information Sample Identifier: Sample Collector Name: Sampling Location: Sampling site description: ______ Date of Collection: ____/____ Sample Dimensions (cm): Calculate Sample Area (cm²): NLLAP-recognized entity and location: _____ Submission date: ___/____/ Results: ____/___/

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